U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006.

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
E (NC17205)		
1. File Number U - [8090]	2. Fiscal Year Covered From:	
(1000)	[]/ []/ []/ []/ []/ []/ []/ []/ []/ []/	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Daniel Manuel Daniel Manuel Daniel Manuel Daniel Manuel Manuel Daniel Manuel Manu	physical control of the control of t	
Laura Ingaraon	Lu Sog	
	Labor Organization File Number 541113	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any Evite 234	
Street 3203 050GE S.F.	Street 300 S. Grand Street	
city St. Louis	City St. Louis	
State McSSOURI ZIP Code + 4 (03118)	State M. SSOURI ZIP Code +4 68103	
5. Position in labor organization. Shop Steware		
Enter appropriate data below if, during the past fiscal year, you or your spor (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests slows ast forth in the instructions):	
A. Held an interest in, engaged in transactions (Including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Laid Law Tean SI+	7/0	
Trade Name, if any: BUS Driver		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street #2 UNION SEVENEY		
City St. Lovis	\mathcal{O}	
State MO ZIP Code +4 (3130		
between a consequent agreement account of the second account of th		
Signa 15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany).	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the	
Signa 15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete. (See the sec	Perjury and other applicable penalties of the law, that all of the information ng documents), has been examined by the signatory and is, to the best of the tion on penalties in the instructions.)	
Signa 15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany).	Perjury and other applicable penalties of the law, that all of the information ng documents), has been examined by the signatory and is, to the best of the signatory and is, to the best of the dion on penalties in the instructions.) On 11-05 (131-(1773-060)	

Name of Person Filing	File Number	rÜ-	
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business dively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name Trade Name, If any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	NIP		
Street	11.b. Approximate dollar value of such dea	line !	
City	12.a. Nature of interest field or income n		
State ZIP Code + 4	N/A 12.b. Amount.		
	12.0. Amount		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name Trade Name, If any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	Q	